

OFFICE OF  
THE BOARD OF LICENSE COMMISSIONERS FOR HOWARD COUNTY  
ELLICOTT CITY, MARYLAND 21043



Greg Fox  
Chairperson  
Mary Kay Sigaty  
Vice Chairperson  
Calvin Ball  
Jennifer Terrasa  
Courtney Watson

Denise King  
Administrator

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

**Instructions**

- Each individual applicant for an alcoholic beverage license is required to complete and submit this questionnaire with the application for any alcoholic beverage license.
- It is important that each of the questions be answered completely and accurately. *(If all of the information that is requested by any question does not fit in the space provided, use an additional piece of paper.)*
- All statements made on this questionnaire are subject to verification.

**Full name of Applicant, Business, Corporation, and/or Trade Name:**

\_\_\_\_\_ (First, Full Middle, Last)

\_\_\_\_\_ (Business and/or Trade Name)

**Current Home Address:**

\_\_\_\_\_

**Any other names ever used by applicant:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Home phone number:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Eye color:** \_\_\_\_\_ **Hair color:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Social Security number:** \_\_\_\_\_

**Driver's license number and state of issue:** \_\_\_\_\_



**List all other states in which you have held a driver's license or permit in the last 10 years:**

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**List all addresses you have used in the last 20 years, giving the dates for each address:**

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**List the name, address, and dates of any establishment that sells or sold alcoholic beverages with which you are or have been connected and explain the nature of the association (for example, employment, financial interest, license holder, or helping in Family Business):**

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**List all of your employers for the last 20 years, beginning with your present employment, giving the name of employer, phone number and the dates of employment:**

<u>Name &amp; Address</u>	<u>Phone number</u>	<u>Dates of employment</u>
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**List the name, address and phone number for each person identified in response to question 16 of the application as having a financial interest in the business to be conducted under the alcoholic beverage license you are applying for:**

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**List all traffic and criminal convictions<sup>1</sup>, including "probation before judgment" (or a similar finding in a state other than Maryland) and any civil charges which have been placed against you. For each conviction or charge give the date, place and disposition:**

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<sup>1</sup> Note: You are not required to list any conviction which has been expunged from your record. If a charge has been expunged or you think it has been expunged, please check with your attorney before answering this question.

**Consent**

By signing this questionnaire, I give permission to the Howard County Board of License Commissioners, its employees and agents, to conduct an investigation and receive reports about my background, including criminal history, for the purpose of determining the accuracy of statements made on the application for an alcoholic beverage license and my fitness to receive an alcoholic beverage license. I further authorize any person, business entity or governmental agency that may have relevant information to disclose the same to the Howard County Board of License Commissioners, its employees and agents.

Also, by signing this form I (print name) \_\_\_\_\_ am stating:  
that I have read and understand this form, and that my answers are true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_